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To: Commissioner for Patents **From:** Clifton T. Hunt, Jr.
Fax: 703 872-9306 **Date:** January 17, 2005
Phone: **Pages:** Three (3)
Re: Power of Attorney **CC:** [Click here and type name]
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Attached hereto is Form SB/81 (Power of Attorney and Correspondence Address Indication Form) and Form SB/82 (Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address).

Both forms are signed and dated by Grady F. Lawrence, the named Inventor in pending patent Application No. 10/723,704, filed November 26, 2003 for ORAL HYGIENE.

Respectfully submitted,

Clifton T. Hunt, Jr.
Clifton T. Hunt, Jr.

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	107723,764
Filing Date	11/26/03
First Named Inventor	Grady F. Lawrence
Title	ORAL HYGIENE
Art Unit	1614
Examiner Name	Frederick F. Krass
Attorney Docket Number	1616-6

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Clifton T. Hunt, Jr.	17,884

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Grady F. Lawrence</i>	Date	1-15-05
Name	Grady F. Lawrence	Telephone	704 798-0362
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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PTO/SB/82 (09-04)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/723,784 64
	Filing Date	11/26/03
	First Named Inventor	Grady F. Lawrence
	Art Unit	1614
	Examiner Name	Frederick F. Krass
	Attorney Docket Number	1616-6

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Clifton T. Hunt, Jr.				
Address	4812 Six Forks Road, #705				
City	Raleigh	State	NC	Zip	27609
Country	USA				
Telephone	919 783-8945		Fax		

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Grady F. Lawrence</i>				
Name	Grady F. Lawrence				
Date	1-15-05		Telephone	704 798-0362	

NOTE: Signatures of all the inventor or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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